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Date: September 30, 2019

To: Hospice providers

From: Nathan Roberts, manager
Medicaid Programs, Health Systems Division

Subject: Fee-for-service hospice rates effective October 1, 2019 – September 30, 2020

The Oregon Health Authority (OHA) has updated the fee-for-service payment rates for the Hospice Services program. The rates are posted on [the Hospice Services rules and guidelines page](#). These rates:

- Are for care and services provided from October 1, 2019, through September 30, 2020.
- Include a separate revenue code (650) for billing routine home care (RHC) on and after day 61.
- Indicate the Medicaid rates for hospice providers **who have complied** with [federal quality reporting program requirements](#). Providers that do not comply will be paid at a lower rate.

Why is this happening?

OHA updates these rates annually, based on updates from the Centers for Medicare & Medicaid Services (CMS).

What should you do?

Please report data as outlined on the [CMS Hospice Quality Reporting website](#). If you have **not** submitted this data to CMS, please contact the hospice policy analyst (listed below) before you bill for services rendered on or after October 1, 2019.

For RHC services: Use revenue code 651 only for RHC provided during the first 60 days of a hospice election, and revenue code 650 for RHC provided on day 61 or later of the hospice election.

- For a patient readmitted within 60 days of discharge, count prior hospice days to determine whether to bill at the higher or lower rate.
- For a patient readmitted more than 60 days after discharge, prior hospice days do not count. A new election to hospice will reset the 60-day window for billing at the higher rate.
- The count does not start over if the patient moves to a different hospice provider, unless there is more than 60 days' break in hospice services.

For services provided by a registered nurse or social worker in the last seven days of a hospice patient's life: Please keep note of the services that meet service-intensity add-on (SIA) payment criteria (see the Medicare Learning Network's [MLN Matters MM9201](#) for the criteria). We will let you know when our system is ready to accept claims for SIA payments.

Questions?

If you have any questions about this announcement, contact Kelly Jamison, Hospice Services Policy Analyst at kelly.jamison@dhsoha.state.or.us.

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.

Hospice rates

Effective October 1, 2019 – September 30, 2020. When billing for hospice services:

- Bill the usual charge or the rate based on the cost-based statistical area (CBSA) in which the care is furnished, whichever is lower (see Oregon Administrative Rule 410-120-0300).
- In the Value Code field on institutional claims, enter “61” as the value code, followed by the CBSA code as a dollar amount (e.g., enter CBSA code 13460 as 13460.00).

CBSA	Code	Per diem rate					Per hour
		Routine Home Care Days 1-60 (Rev 651)	Routine Home Care Days 61+ (Rev 650)	Inpatient Respite Care (Rev 655)	General Inpatient Care (Rev 656)	In-Home Respite Care (Rev 659)	Continuous Home Care (Rev 652)
Albany	10540	\$205.87	\$162.71	\$495.10	\$1075.57	\$186.20	\$61.50
Bend Includes Deschutes	13460	\$216.49	\$171.11	\$515.46	\$1127.48	\$193.43	\$64.67
Corvallis Includes Benton	18700	\$207.62	\$164.09	\$498.46	\$1084.14	\$187.76	\$62.02
Eugene- Springfield Includes Lane	21660	\$224.46	\$177.40	\$530.72	\$1166.37	\$203.00	\$67.05
Grants Pass	24420	\$195.57	\$154.57	\$475.35	\$1025.24	\$176.90	\$58.42
Medford Includes Jackson	32780	\$204.05	\$161.27	\$491.61	\$1066.68	\$184.56	\$60.95
Portland-Beaverton Includes Clackamas, Columbia, Multnomah, Washington & Yamhill	38900	\$220.45	\$174.24	\$523.06	\$1146.83	\$199.38	\$65.85
Salem Includes Marion & Polk	41420	\$206.16	\$162.94	\$495.67	\$1077.01	\$186.44	\$61.58
All Other Areas	99938	\$202.26	\$159.85	\$488.18	\$1057.92	\$186.23	\$60.42

Room and board for nursing facility residents on hospice (per diem)

To receive reimbursement for nursing facility room and board provided on Routine Home Care (651 or 650) and Continuous Home Care (652) days for residents you serve, bill OHA using the following statewide bundled rates.

Basic (Rev. 658)	Complex medical (Rev. 191)	Pediatric (Rev. 192)	Special Contract (Rev. 199)
\$326.50	\$457.10	\$732.41	Manually priced